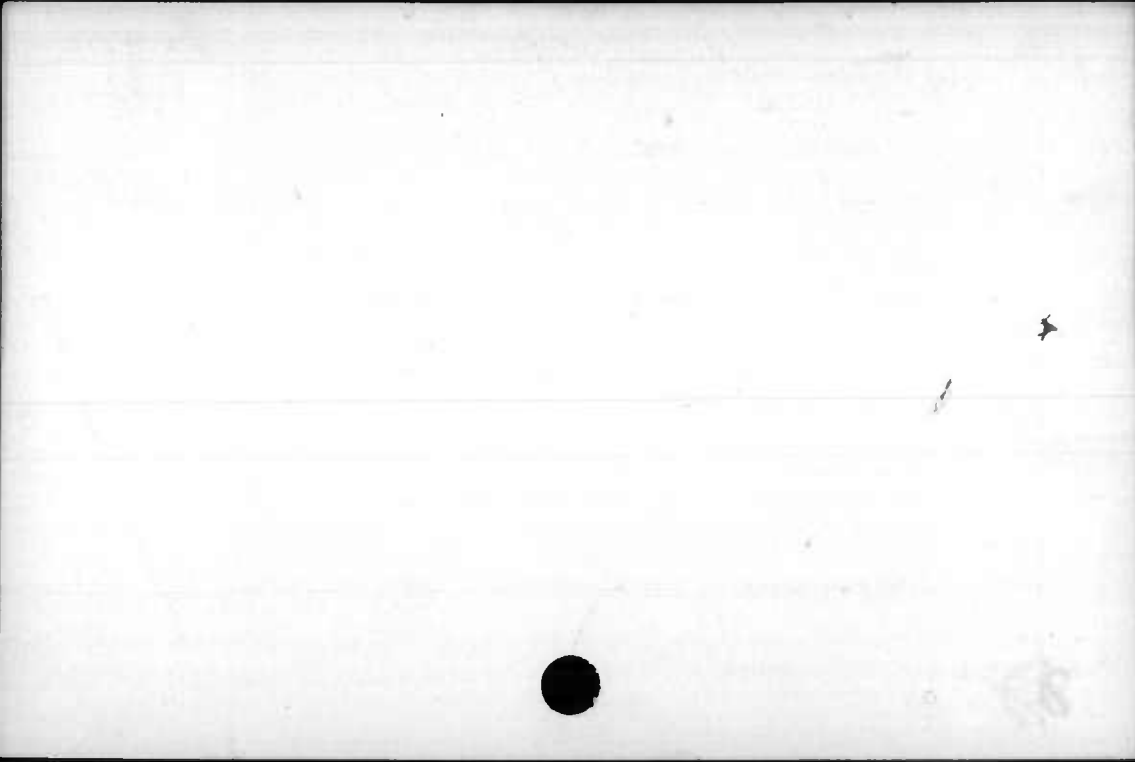


Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Salisbury</i> Town		County <i>Wicomico</i>	
		Date of death <i>1907</i> Month <i>April</i> Day <i>8th</i>		Age <i>26</i> Years	
		Sex <i>Female</i>		Color or Race <i>White</i>	
		Occupation <i>Servant</i>		Where Residing if not at place of death	
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband	
		Father's Name <i>Silas Bailey</i>		Father's Birthplace <i>Maryland</i>	
		Mother's Maiden Name <i>Mary Brittingham</i>		Mother's Birthplace <i>"</i>	
		Name of person giving information <i>G. E. Hastings</i>		How related to deceased <i>Brother in law</i>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Organic disease of Heart</i>		How long <i>Don't know</i>		79
	Immediate <i>General run down & cardiac failure</i>		How long <i>few days</i>		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Louis W. Hammond</i>		Address <i>Public</i>
	Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

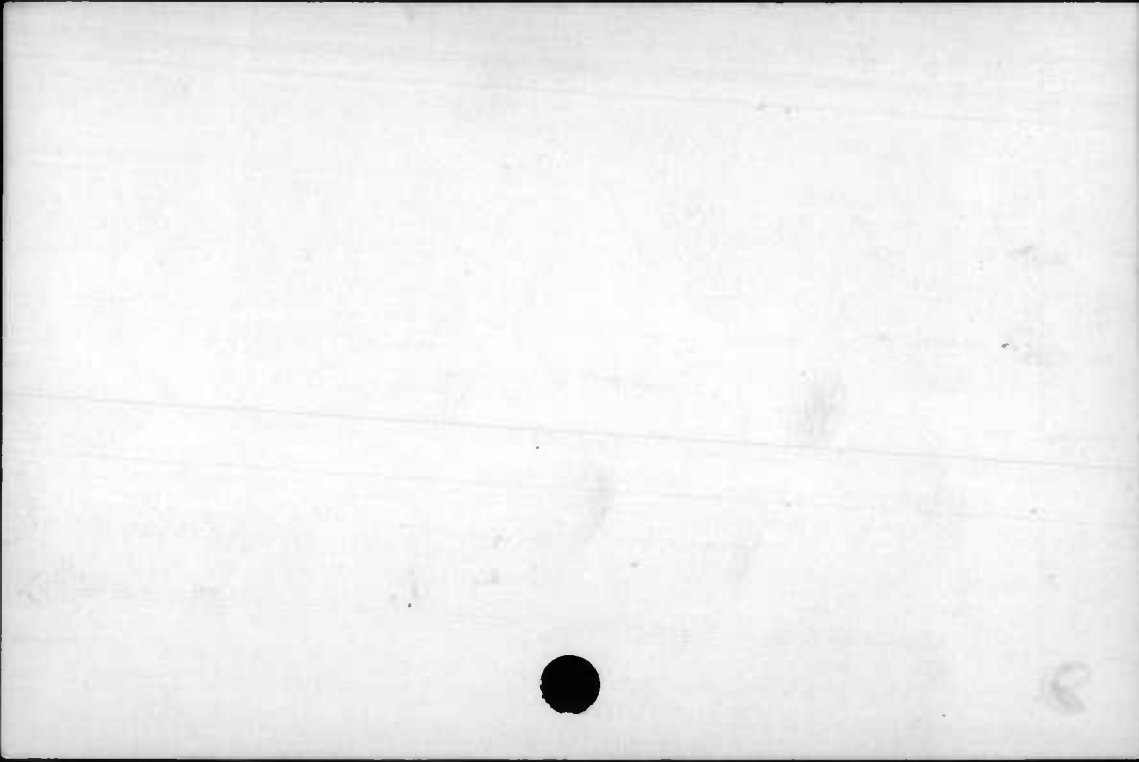
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Allen</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>April</i>	Day	<i>15th</i>
Age	<i>41</i>	Years	<i>5</i>	Months	<i>17</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Madison Co. Va.</i>
Occupation	<i>Minister</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Nannie S Baker</i>		
Father's Name	<i>Benz F Baker</i>		Father's Birthplace	<i>Rappahannock</i>	
Mother's Maiden Name	<i>Mary Lacy</i>		Mother's Birthplace	<i>Madison</i>	
Name of person giving information	<i>B E Baker</i>		How related to deceased	<i>Brother</i>	

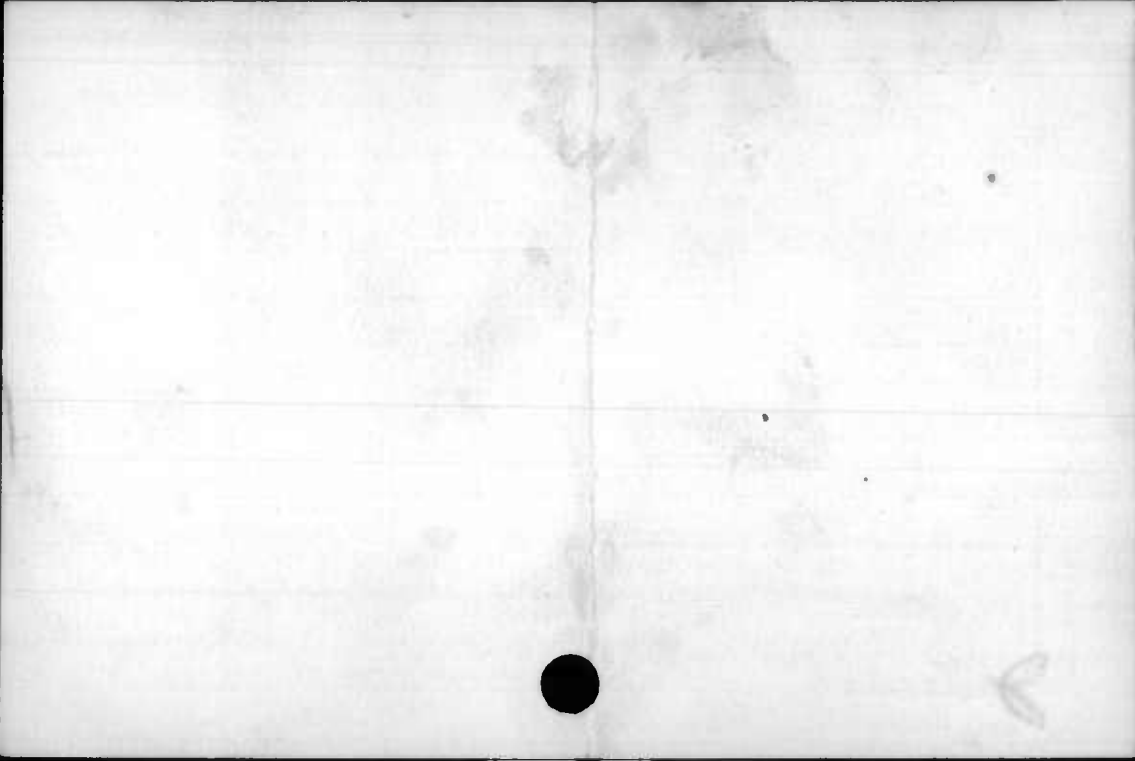
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Erysipelas</i>	How long	<i>1 week</i>
Immediate	<i>Corrosion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. J. Long</i>
		Address	<i>Allen</i>
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Sons Hamel</i>		County <i>Wicomico</i>		State <i>MARYLAND</i>
	Date of death <i>1907</i>	Month <i>April</i>	Day <i>22</i>	Age <i>73</i>	Years <i>73</i>
	Sex <i>Woman</i>	Color or Race <i>White</i>		Birth-place <i>Wicomico</i>	Months <i>73</i>
	Occupation <i>farmine</i>		Where Residing if not at place of death		
	Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>John Richards, Sr.</i>			
	Father's Name <i>Hosea Harris</i>	Father's Birthplace <i>Sussex Del</i>		Mother's Birthplace <i>Wicomico</i>	
	Mother's Maiden Name <i>Maria Adams</i>	Name of person giving information <i>B. G. Richards</i>		How related to deceased <i>son</i>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		<div style="border: 2px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> 179 </div>		How long
	Immediate <i>General debility</i>				How long <i>3 weeks</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. C. Conaway</i>		<div style="border: 2px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> </div>
	<div style="border: 2px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> </div>		Address <i>Helton Md</i>		
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Thomas Buttingham

Died at Salisbury Town

Wicomico County

MARYLAND

Date of death 1907 April 26

Age 39

Months

Days

Sex male

Color or Race

Black

Birth-place

Md

Occupation

Laborer

Where Residing if not at place of death

Berlin

Married, Single or Widowed

Name of Wife or Husband

Went

known

Father's Name

Don't know

Father's Birthplace

unknown

Mother's Maiden Name

Don't know

Mother's Birthplace

unknown

Name of person giving information

W. A. Pike

How related to deceased

no relation

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary

Injured on R. R.

How long

April 22^d 1907

Immediate

Nerve Poisoning

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

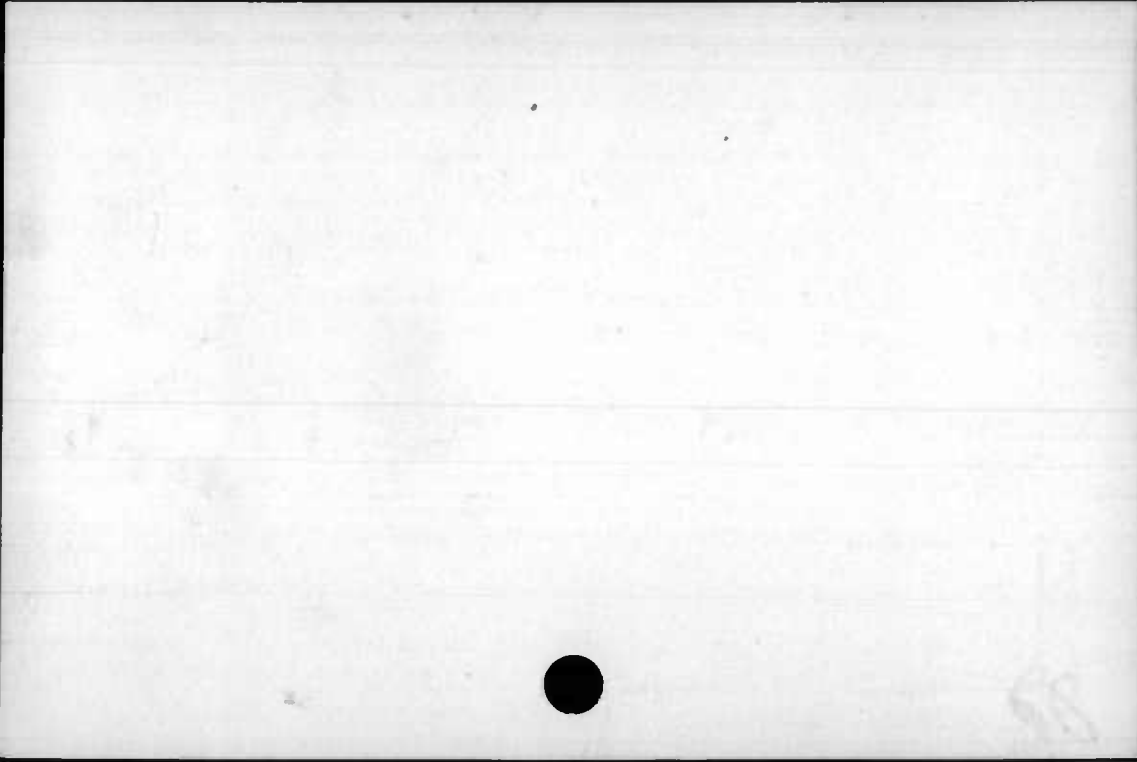
Signature of Physician

F. M. Clemmons

Address

Salisbury Md.

Accident or Suicide?



Name
in
Full

Mrs. Ora E. Crockett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

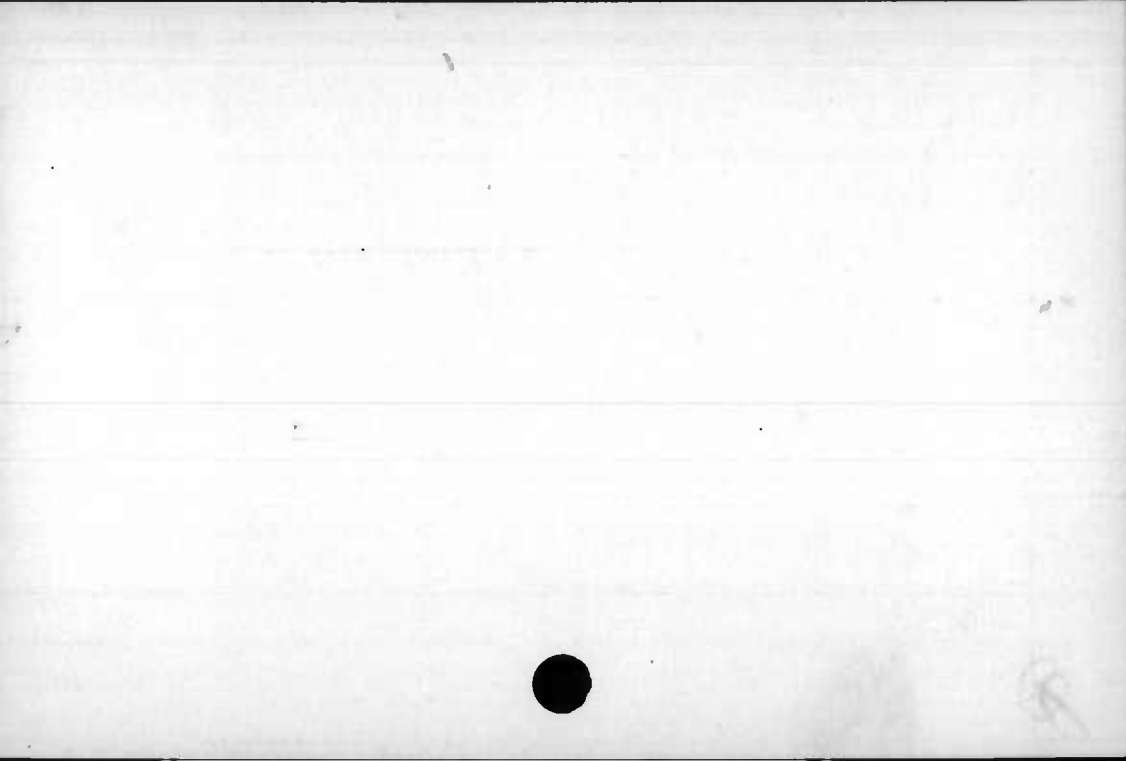
Died at		Town <i>Salisbury</i>		County <i>Wicomico</i>		State MARYLAND	
Date of death	1907	Month <i>April</i>	Day <i>19th</i>	Age <i>33</i>	Years	Months <i>2</i>	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Louden Co. Va.</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		<i>Pocomoke City Md.</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Samuel M. Crockett</i>			
Father's Name	<i>George Brown</i>				Father's Birthplace	<i>Louden Co. Va.</i>	
Mother's Maiden Name	<i>Loucy Lee</i>				Mother's Birthplace	<i>" " "</i>	
Name of person giving information	<i>Samuel M. Crockett</i>				How related to deceased		

CAUSES OF DEATH

116
How long

PHYSICIAN
OR CORONER

Primary	<i>General peritonitis (acute)</i>		How long	<i>6 days</i>
Immediate	<i>Septic intoxication</i>		How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>J. M. [Signature]</i>	
			Address <i>Salisbury, Md.</i>	
Accident or Suicide?		<i>no</i>		



Name
in
Full

CERTIFICATE OF DEATH

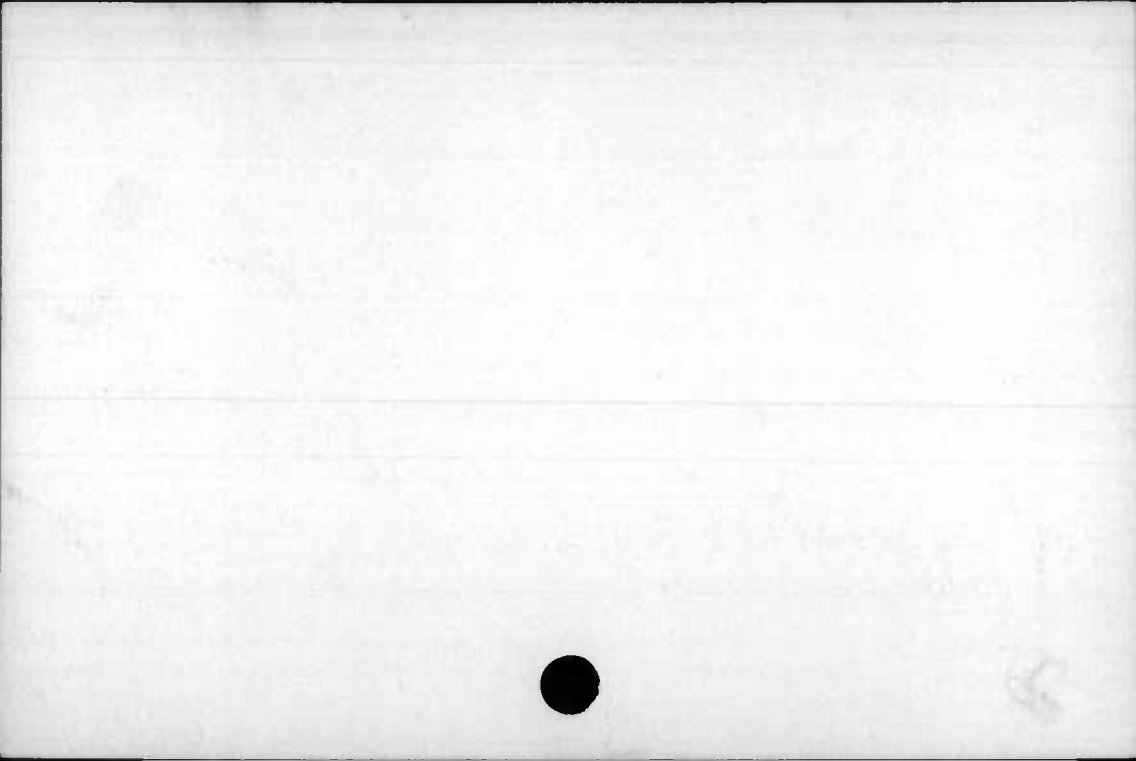
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		April	11th	27		11	
Sex	Female		Color or Race	White		Birth-place	Maryland
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed		Married		Name of Wife or Husband			
				Arthur G. Doward			
Father's Name		Charles W. Baker				Father's Birthplace	
						Maryland	
Mother's Maiden Name		Louisa W. Bethard				Mother's Birthplace	
						"	
Name of person giving information		Mrs. Charles W. Baker				How related to decedent	
						Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	24 years
Immediate	Heart Failure - debility	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Gardner Spring M.D.	
Address		Salisbury Md	
Accident or Suicide?		No	



Name
in
Full

Robert Hooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

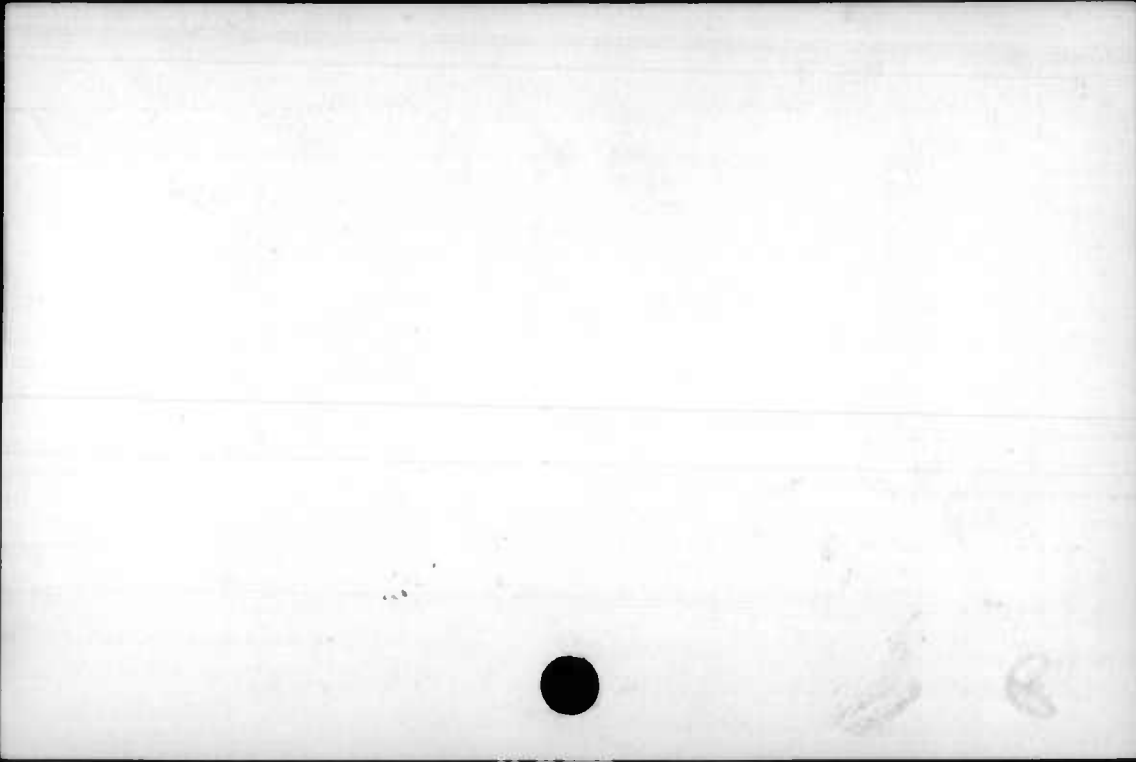
Died at ^{Town} <i>near Belton</i>		^{County} <i>Wicomico</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>9</i>	Age <i>57</i>	Years <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Ind.</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Archie Hooks</i>				
Father's Name <i>Liaman Hooks</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Don't know</i>				
Name of person giving information <i>Archie Hooks</i>	How related to deceased <i>his wife</i>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>ne phthisis. Bright's disease</i>	How long	<i>4 months</i>
Immediate	<i>dropsey of ex. disease</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>James Spring M.D.</i>	
Accident or Suicide? <i>no</i>		Address <i>Salisbury Ind.</i>	



Name
in
Full

Infant son of James Hammond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

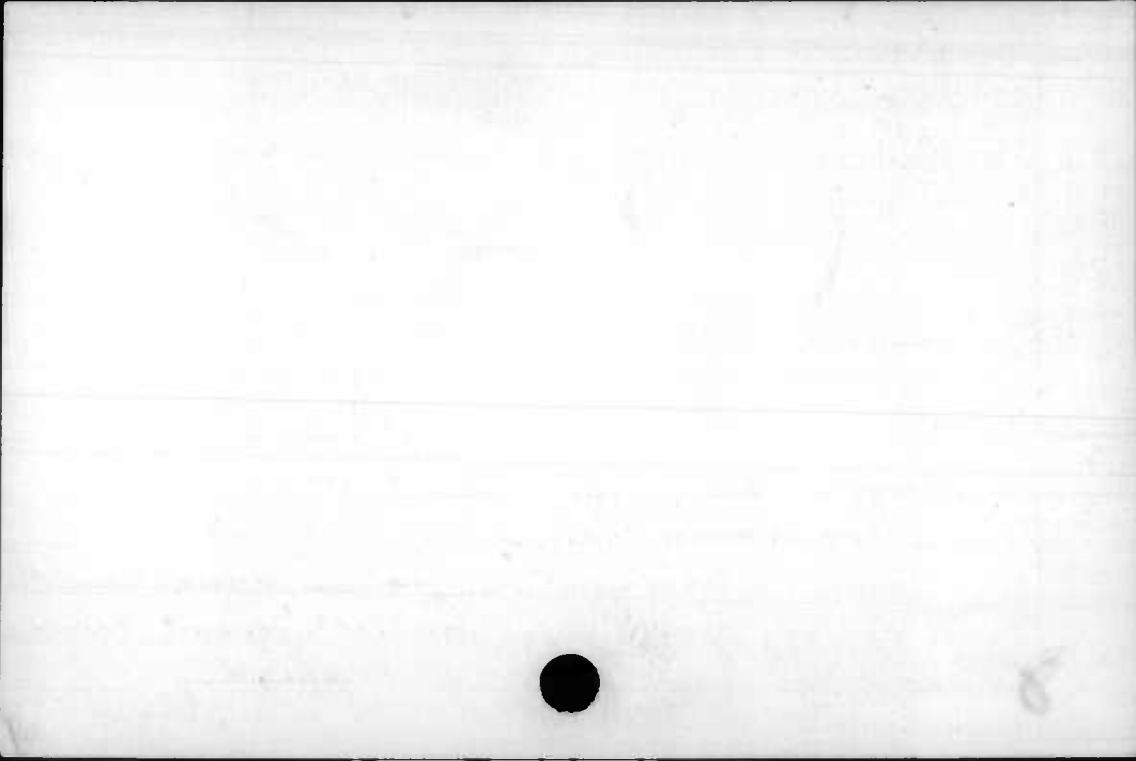
Died at <i>Salisbury</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>1</i>	Age <i>—</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Salisbury Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Arthur Hammond</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Lena Parker</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Arthur Hammond</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

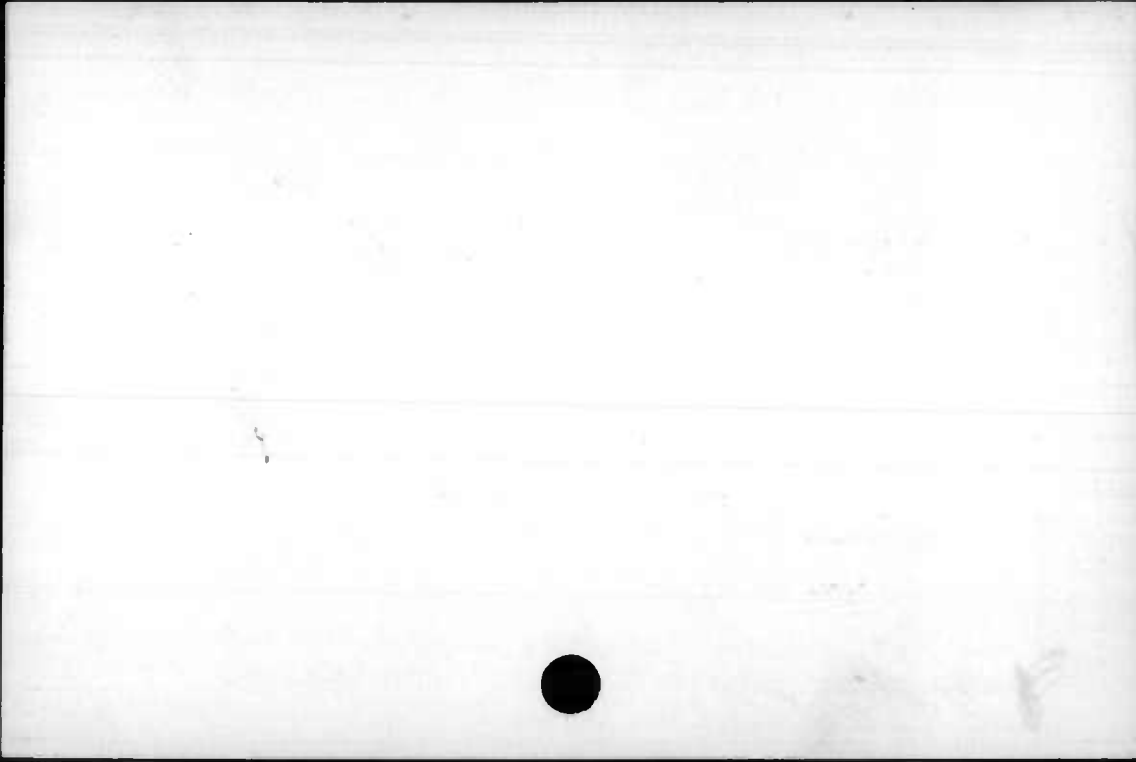
151
How long

PHYSICIAN
OR CORONER

Primary	<i>Premature Birth</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. Clemons M.D.</i>
		Address <i>Salisbury Md</i>
Accident or Suicide?		



Name in Full		William Q1 Handy				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Near Salisbury		Wicomico				
	Date of death	1907	Month	April	Day	3	Age
	18		Years	9	Months	15	Days
	Sex	male	Color or Race	Black		Birth-place	McL
	Occupation	Laborer		Where Residing if not at place of death			
Married Single or Widowed		Name of Wife or Husband					
Father's Name		Harry Handy				Father's Birthplace	
Mother's Maiden Name		Mary A West				Mother's Birthplace	
Name of person giving information		Harry Handy				How related to deceased	
						Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Tuberculosis, Pulmonary					How long
							1 year ?
	Immediate	General emaciation & Cachexia					How long
							several months
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Louis W. Eamon, M.D.	
				Address		Pulasky	
						Sed	
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

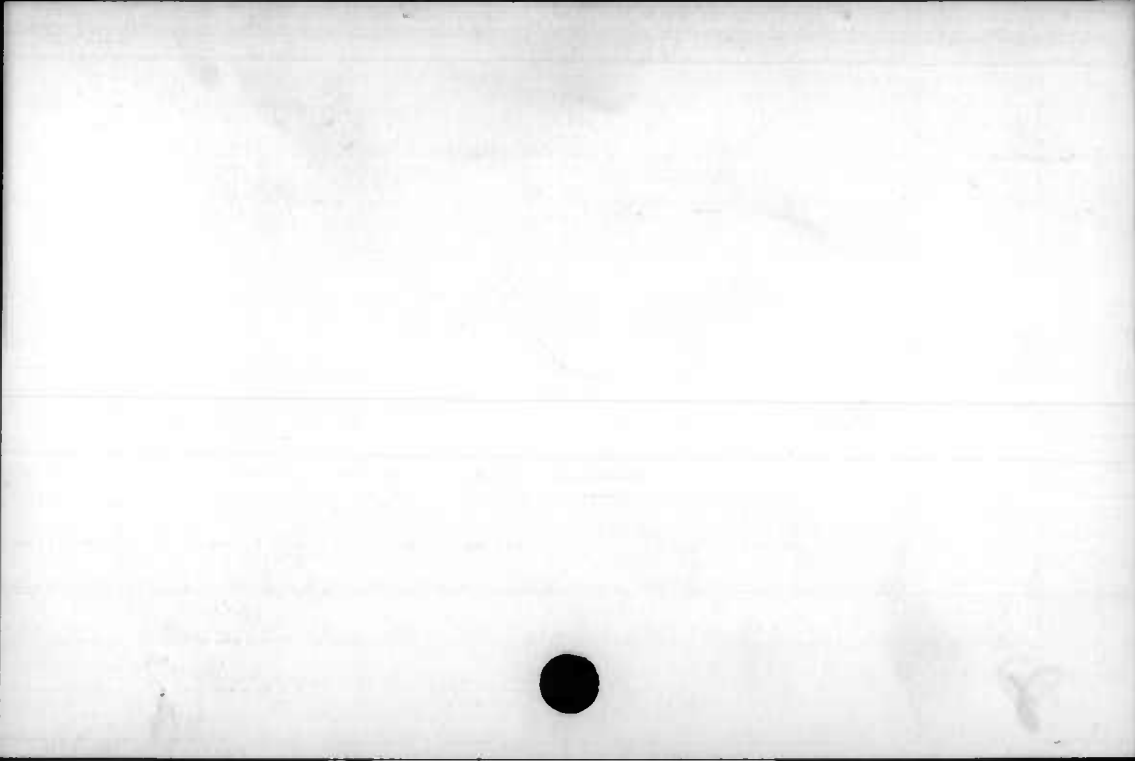
Name <i>James James</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Salisbury</i>		Month <i>April</i>		Day <i>4</i>		Years <i>82</i>	
Date of death <i>1907</i>		Months <i>1</i>		Days			
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Md</i>			
Occupation <i>Formerly teacher</i>		Name at death		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Abner James</i>					
Father's Name <i>George James</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Millie Davis</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Lizzie James</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

(65)

PHYSICIAN
OR CORONER

Primary <i>Chronic Brain Softening</i>	How long
Immediate <i>Asthma</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Humphrey</i>
	Address <i>Salisbury, Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

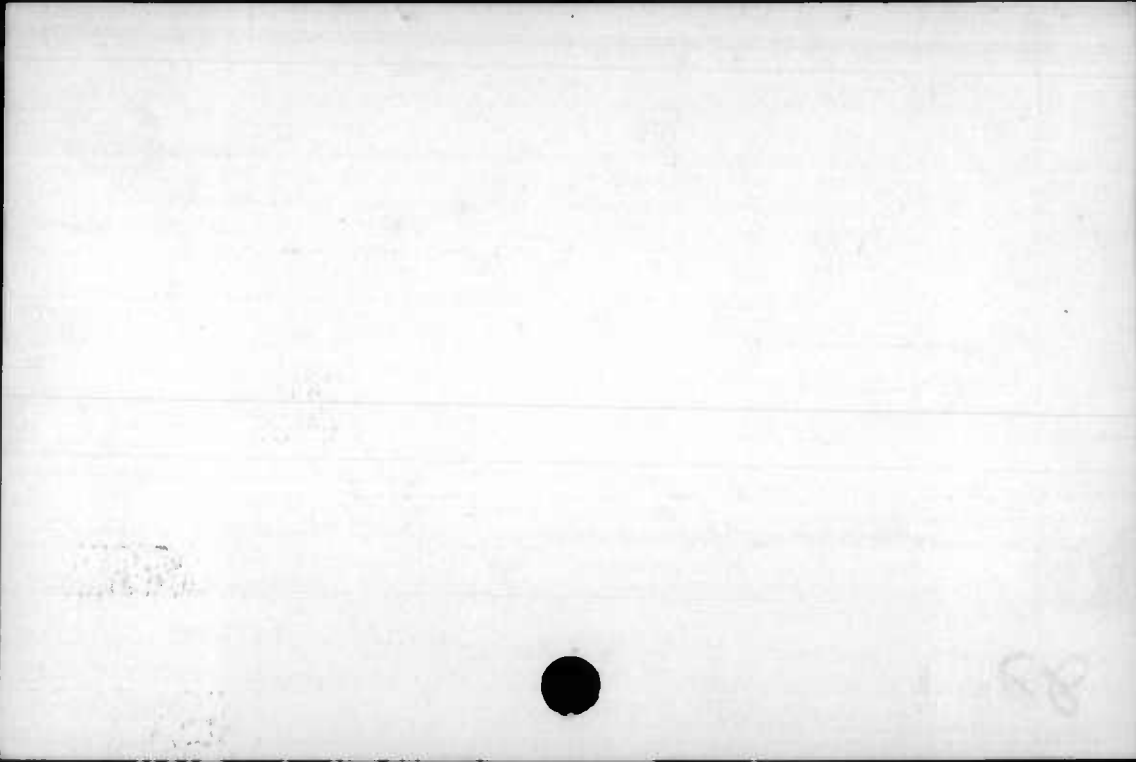
Name in Full <i>James E. Jewett</i>				County <i>Wicomico</i>		State <i>MARYLAND</i>	
Died at <i>Salisbury</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		State <i>MARYLAND</i>	
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>14</i>	Age	<i>32</i>	Months	Days
Sex	<i>male</i>		Color or Race	<i>Black</i>		Birthplace	<i>Md</i>
Occupation	<i>Minister</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband			
Father's Name	<i>Kellum Jewett</i>				Father's Birthplace	<i>Md</i>	
Mother's Maiden Name	<i>Don't know</i>				Mother's Birthplace		
Name of person giving information	<i>John H. Palmer</i>				How related to deceased	<i>Brother in law</i>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Aortic & Mitral Regurgitation</i>	How long	<i>two weeks</i>
Immediate	<i>acute dilatation, pulmonary apoplexy</i>	How long	<i>three days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Geo. W. Todd</i>
		Address	<i>Salisbury Md.</i>
Accident or Suicide?	<i>No.</i>		



Name
in
Full

Mary E. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>White House</i> ^{Town}		<i>Harrison</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>4</i>	Day <i>1</i>	Age <i>18</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>sewerer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>John Robert</i>			Father's Birthplace <i>11</i>		
Mother's Maiden Name <i>Sarah Robert</i>			Mother's Birthplace		
Name of person giving information <i>Branton Jones</i>			How related to deceased <i>uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>5 months</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Howard Lynch M.D.</i>
	Address <i>Quinton Ave</i>
Accident or Suicide?	

Wm Denton.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Robert Jones* Town *Salisbury* County *Wicomico* MARYLAND

Died at *near Salisbury*

Date of death *1907* Month *April* Day *19* Age *34* Years Months Days

Sex *Male* Color or Race *Black* Birth-place *Maryland*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Hetty Jones*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Adeline Jones* Mother's Birthplace *Maryland*

Name of person giving information *L. W. Whayland* How related to deceased *None*

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *Several months*

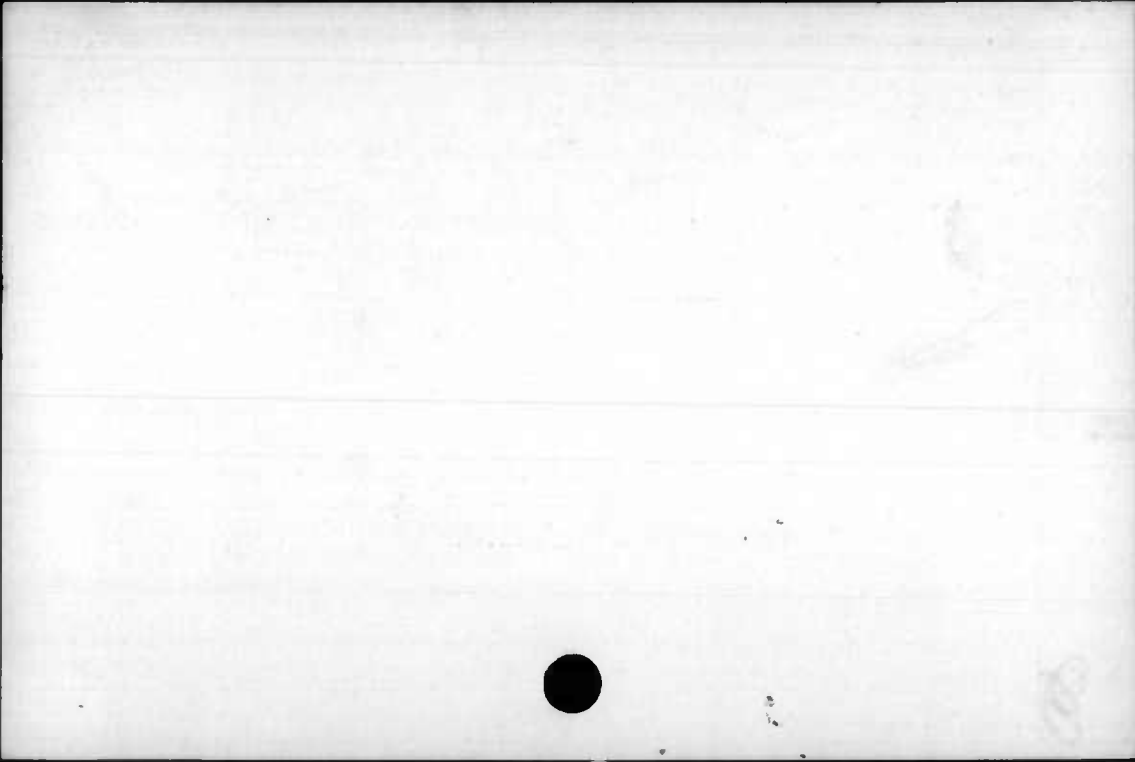
Immediate *General Emaciation & Anemia* How long *several weeks*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Samuel W. Morris M.D.*

Address *Salisbury Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Julia A M Layfield
 Died at *near Parsonsburg* ^{Town} *Wicomico* ^{County}

MARYLAND

Date of death *1907* ^{Month} *April* ^{Day} *30* ^{Years} *63* ^{Months} ^{Days}

Sex *Female* Color or Race *White* Birth-place *Del*

Occupation *Housework* Where Residing if not at place of death

☒ Married, Single or Widowed

Name of Wife or Husband

Father's Name *William L Layfield*

Father's Birthplace *Del*

Mother's Maiden Name *Elizabeth Powell*

Mother's Birthplace *Del*

Name of person giving information *James P Layfield*

How related to deceased *Brother*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Bright Disease*

How long *2 months*

Immediate *Dysentery*

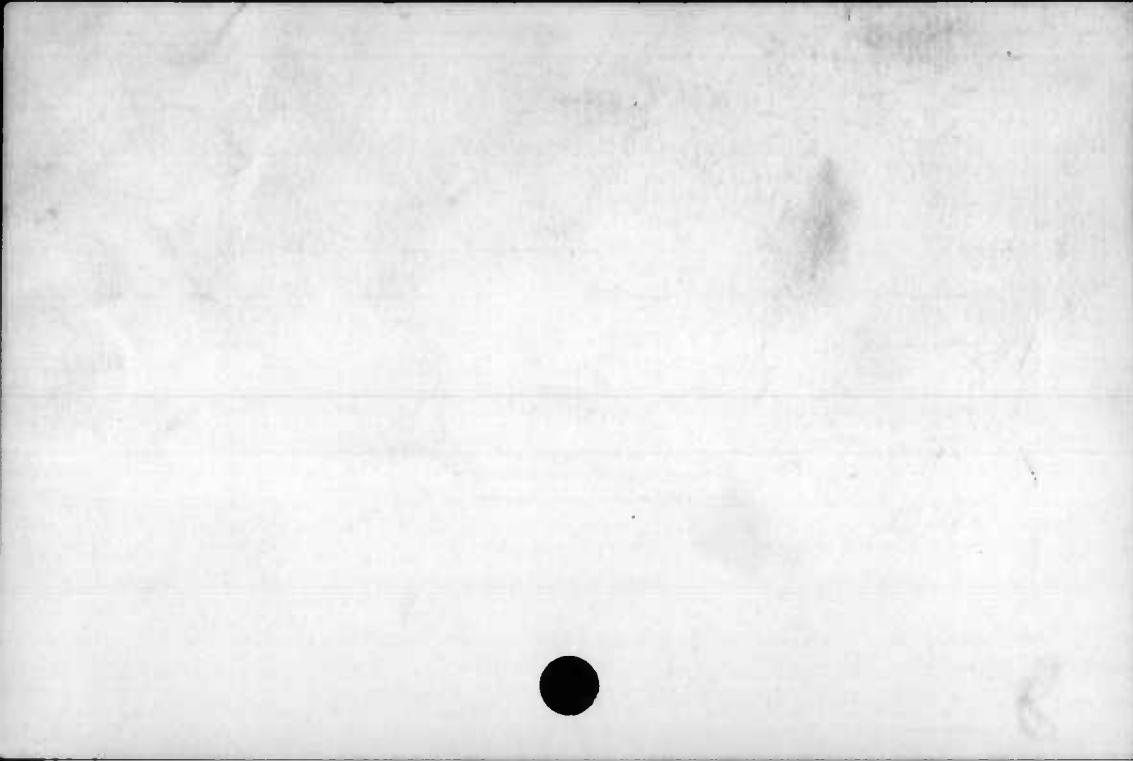
How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. Geo. B. Smith*

Address *Parsonsburg
Maryland*

Accident or Suicide? *Wicomico*



Name
in
Full

Edward O. Lewis

CERTIFICATE OF DEATH



TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Salisbury</i> ^{Town}		<i>Wacombee</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>April</i>	Day	<i>27</i>
Age	<i>66</i>	Years	<i>2</i>	Months	<i>Days</i>
Sex	<i>male</i>	Color or Race	<i>White</i>	Birth-place	<i>Del</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		<i>Clara B. Lewis</i>		
Father's Name	<i>Don't know</i>		Father's Birthplace	<i>Don't know</i>	
Mother's Maiden Name	<i>John Lewis</i>		Mother's Birthplace	<i>Don't know</i>	
Name of person giving information	<i>John Lewis</i>		How related to deceased	<i>Daughter in law</i>	

CAUSES OF DEATH

113

PHYSICIAN
OR CORONER

Primary	<i>Hepatic Colic</i>	How long	<i>3 days</i>
Immediate	<i>Heart Complications</i>	How long	<i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		<i>Gen. H. Felt Salisbury Md</i>	
			
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND		
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>12</i>	Age <i>—</i> Years	<i>17</i> Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name <i>John McLaughlin</i>		Father's Birthplace <i>Georgia</i>				
Mother's Maiden Name <i>Sarah Harris</i>		Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Sarah McLaughlin</i>		How related to deceased <i>her mother</i>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Bronchitis</i>	How long <i>2 or 3 weeks</i>
Immediate	<i>Pneumonia</i>	How long <i>about 1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Geo. W. Todd</i>
<i>J</i>		Address <i>Salisbury Md</i>
Accident or Suicide? <i>—</i>		



88

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hartford</i> Town		<i>Winnico</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>4</i>	Day <i>28</i>	Age <i>25</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>England</i>		
Occupation <i>Railroading</i>			Where Residing if not at place of death <i>"</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Priscilla Mills</i>				
Father's Name <i>Monodorus J. Mills</i>			Father's Birthplace <i>"</i>		
Mother's Maiden Name <i>Mary H. Mills</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Samuel S. Mills</i>			How related to deceased <i>brother</i>		

CAUSES OF DEATH

163

PHYSICIAN
OR CORONER

Primary <i>Suicide - Pistol -</i>	How long <i>about 1/2 Hour</i>
Immediate <i>gun</i>	How long <i>Foreman Geo. G. H. Summers</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. F. Marshall Undertaker</i>
<i>Pistol-shot. Suicide - to physician in gun's vault. attendance.</i>	Address <i>Birch</i>
Accident or Suicide? <i>Suicide</i>	

Wm Denton

$$\begin{array}{r} 100 \\ 78 \\ \hline 22 \end{array}$$

Name
in
Full

CERTIFICATE OF DEATH

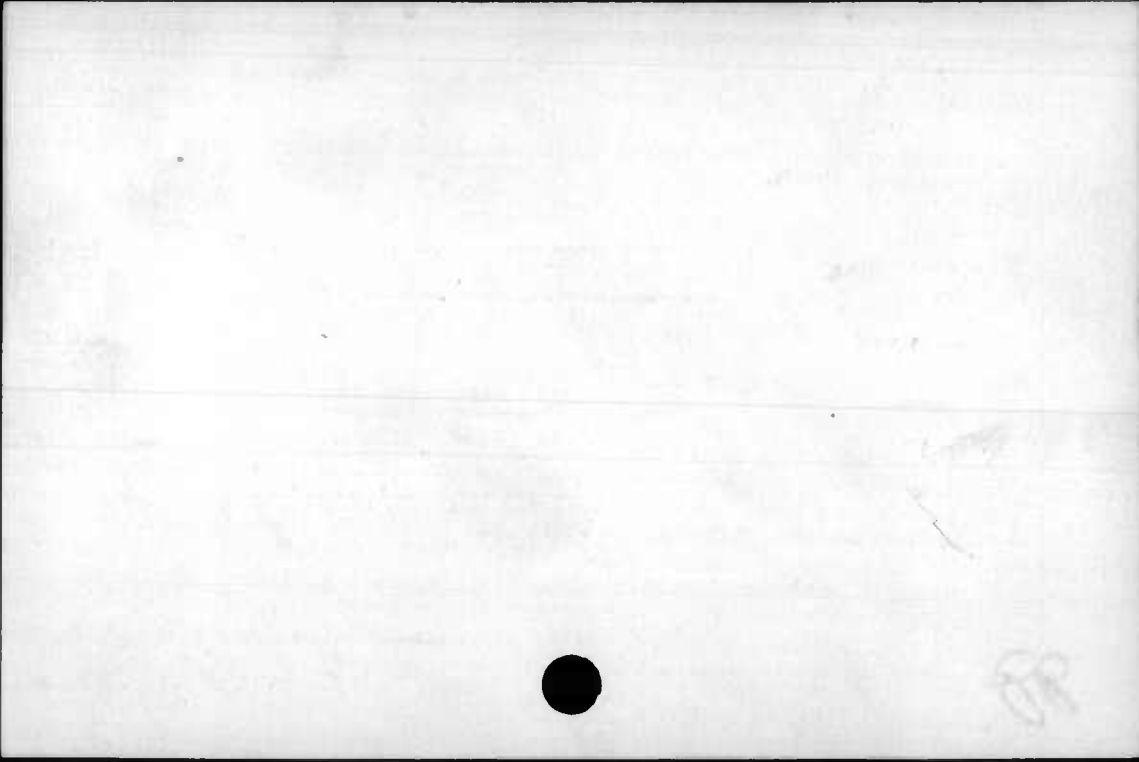
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> Town <i>Martha H. Riffin</i> County <i>Wicomico</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>April</i>	Day <i>25th</i>	Age <i>2</i> Years <i>3</i> Months <i>3</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Salisbury Md.</i>	
Occupation <i>_____</i>	Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>_____</i>		
Father's Name <i>Geo. W. Riffin</i>	Father's Birthplace <i>Parsonsburg Md.</i>		
Mother's Maiden Name <i>Henrietta M. Parsons</i>	Mother's Birthplace <i>Snov Hill Md.</i>		
Name of person giving information <i>Geo. W. Parsons</i>	How related to deceased <i>Grandfather</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Capillary bronchitis</i>	<i>90</i>	How long <i>2 days</i>
Immediate <i>Asthma</i>		How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. [illegible]</i>	Address <i>Salisbury, Md</i>
Accident or Suicide? <i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

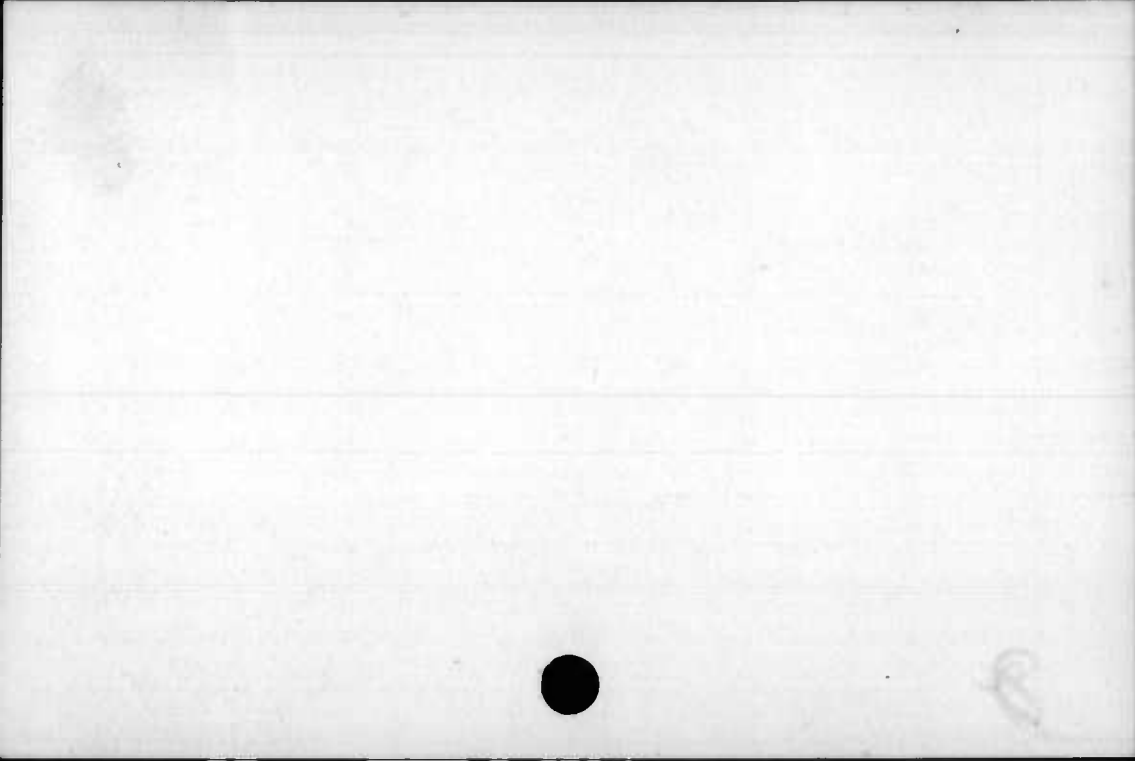
Died at <u>Salisbury</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u> <small>Year</small>		<u>April</u> <small>Month</small>		<u>1</u> <small>Day</small>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Salisbury</u>	
Occupation <u></u>		Where Residing if not at place of death <u></u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u></u>			
Father's Name <u>Robert Riall</u>		Father's Birthplace <u>Wicomico</u>			
Mother's Maiden Name <u>S. B. Harner</u>		Mother's Birthplace <u>Somerset</u>			
Name of person giving information <u>Robert Riall</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <u>Wernicke's Encephalopathy</u>	How long <u>7 days</u>
Immediate <u>Convulsions</u>	How long <u>72 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. M. C. [Signature]</u>
Accident or Suicide? <u>no</u>	Address <u>Salisbury, Md</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Athol</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	1907	Month	4	Day	9
Age	70	Years		Months	
Sex	Female	Color or Race	White	Birth-place	MD
Occupation	House Wife	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband <i>John Seabrook</i>			
Father's Name	<i>Robert Powell</i>	Father's Birthplace <i>MD</i>			
Mother's Maiden Name	<i>unknown</i>	Mother's Birthplace <i>unknown</i>			
Name of person giving information	<i>John Seabrook</i>	How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Laryngitis.</i>	How long	<i>One week</i>
Immediate	<i>Endocarditis</i>	How long	" "
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Eldredge</i>		
	Address <i>Maiden Spys MD</i>		
Accident or Suicide?	<i>J</i>		



Name
in
Full

Nancy B Smith

CERTIFICATE OF DEATH

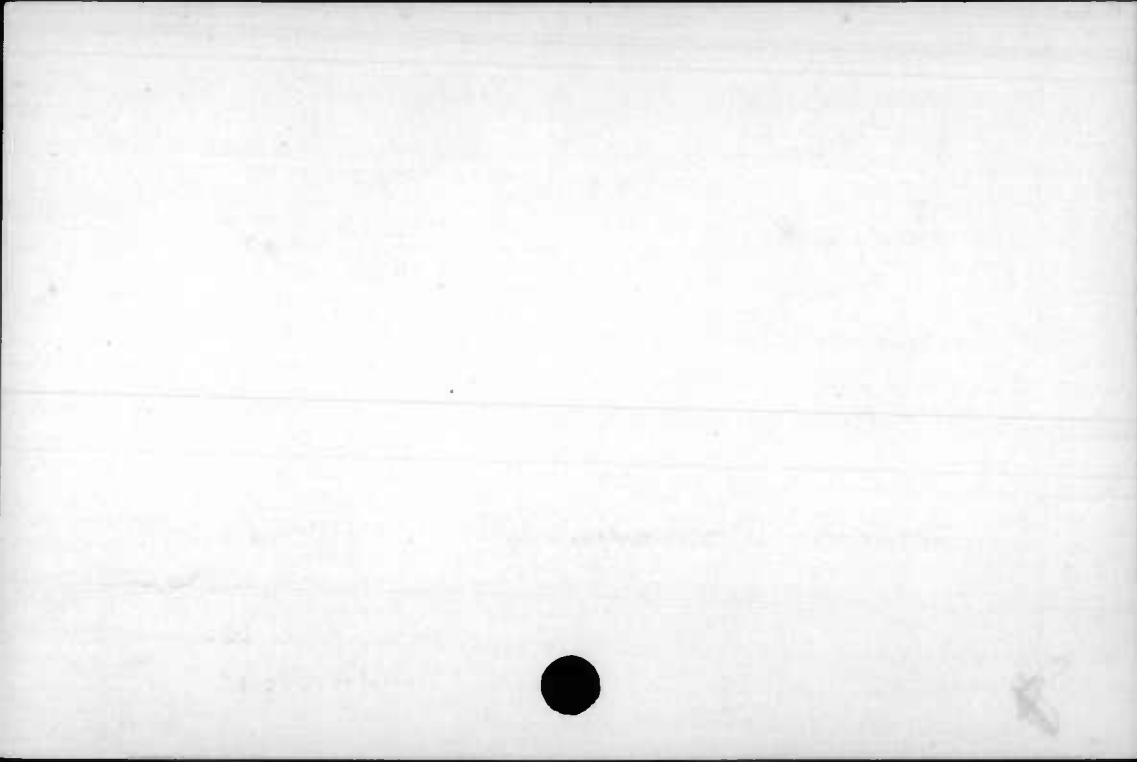
TO BE ANSWERED BY
NEAREST FRIEND


Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>April</i>	Day	<i>12</i>
Age	<i>1</i>	Years	<i>1</i>	Months	<i>10</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>MD</i>
Occupation	<i>none</i>	Where Residing if not at place of death			
Married, Single or Widowed	<i>single</i>	Name of Wife or Husband <i>none</i>			
Father's Name	<i>Washington Smith</i>			Father's Birthplace	<i>Del</i>
Mother's Maiden Name	<i>Arena Lewis</i>			Mother's Birthplace	<i>MD</i>
Name of person giving information	<i>Washington Smith</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Brain Abscess</i>	How long	<i>about 1 year</i>
Immediate	<i>Convulsions</i>	How long	<i>short time</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Geo. H. Todd</i>
		Address	<i>Salisbury MD</i>
<input checked="" type="checkbox"/> Accident or Suicide?			



Name in Full		Thomas Edward Wagner				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Salisbury Town		Wicomico County		MARYLAND	
	Date of death	1907	April	5	Age	1	6 Months 10 Days
	Sex	male		Color or Race	White		Birth-place
	Occupation	Infant		Where Residing if not at place of death		at home	
	Married, Single or Widowed	Single		Name of Wife or Husband	none		
	Father's Name	Frederic E Wagner				Father's Birthplace	Md
	Mother's Maiden Name	Ella N Long				Mother's Birthplace	Md
	Name of person giving information	Ella N Wagner				How related to deceased	Mother
CAUSES OF DEATH 92							
PHYSICIAN OR CORONER	Primary	Broncho-Pneumonia				How long	2 weeks
	Immediate	Cerebral complication				How long	2 or 3 days
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
				 (Salisbury Md)			
		Accident or Suicide?					

Holloway Theo

Name
in
Full

Louisa White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hebron		County Wicomico		MARYLAND	
Date of death		Month April	Day 21 st	Years Age 36		Months	Days
Sex Female		Color or Race White		Birth-place Maryland			
Occupation House wife		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband J. S. White					
Father's Name H. S. Truitt		Father's Birthplace Maryland					
Mother's Maiden Name Sarah Hitchens		Mother's Birthplace "					
Name of person giving information J. S. White		How related to deceased Husband					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	How long 1 year
Immediate Tuberculosis	How long 1 year
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician H. C. Combs
	Address Hebron Md.
Accident or Suicide?	

